

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herwig, Julie E., , Ms.,

Mailing Address 6520 78th Street

City

Cabin John

State

MD

Zip Code

20818-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

04 / 30 / 2022

Transaction ID : PR10501226429

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Budd Jr., Warren C., , Mr.,

Mailing Address PO Box 1723

City

Newnan

State

GA

Zip Code

30264-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.32

Date of Receipt

04 / 30 / 2022

Transaction ID : PR105026429

Amount of Each Receipt this Period

91.33

☐ Memo Item

P/R Deduction (\$91.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rogers Jr., Thomas C., , Mr.,

Mailing Address 1557 E Hencart Road

City

Glennville

State

GA

Zip Code

30427-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 30 / 2022

Transaction ID : PR105426429

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.93